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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

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		-	-46	

Reg.	Dist.	No.	9	2
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3.(b) Social Security Number
4. Sex 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 8.(b) Name of husband or wifs 6.(c) It alive, givs age years 7. Birth dats of 7. Firth dats of	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19. 7. 10. 40. 11. 7. 19. 47. and that I last saw h. alive on 0.00. 12. 6. 19. 47.
8. AGE: Years Months Days It less than one day 2hrsmln. 9. Birthplace	Oue to
11. Industry or business 12. Name Frank Audress 13. Birthplace Port Deposit md 15. Birthplace Port Deposit md 18. informant Frank Audress	Other conditions
Address Colors my 17. Burial (Parial, cremation, or removal, Which?) Cemetery or crematory Electors Countered Location Location Michael (Month) (May) (Year) 18. Funeral director. May be a constant of the countered of the co	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Address Electors md 19. (Date rec'd by registrar) Address Electors md Figure 19. (Date rec'd by registrar)	23. SIGNATURE S. N. V. V. NE O Ley, L. O. M. D. or other Address & let m. on any land Date of the World J. 47

MAY 2 1947
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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (SHE)

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CERTIFICATE OF DEATH

Reg. Diat. No. 92

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19 19 19 19 19 19 19 19 19 19 19 19 19 1	8. AGE: Years Months Days It less than one day 7. Birth date of deceased (mo., day, yr.) July 29 / 8 7 8. AGE: Years Months Days It less than one day 7. Birthplace (Townscoonty, and state) 10. Usual occupation. 11. Industry or business 12. Name Para Months Days It less than one day 13. Birthplace (Townscoonty, and state) 14. Maiden name Para Mark Capple (Month) (M	20. BATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 47. at 7. a. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. and that I last saw h. alive on

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APR 10 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No ...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city of town limits, write RURAL and give nearest town)	State Maryland County Ceal Co. City or town (If outside city or town justice, write RURAL and give nearest town)
How long in ahove place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. E
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elizabeth Barre	3.(b) Social Security Number
4. Sex 5. Color or rice 6.(a) Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH april 10 19 47 , 5 P.
8.(6) Name of husband or mile. Gramille C. Barrett 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that Lattended peceased from 18.4 6. to 4. 5. 19.4 7. and that I last saw h 12. alive on 18.4 7.
deceased (mo., day, yr.) Jan. 16, 1866	Immediate cause at death DURATION
8. AGE: Years Months Bays It less than one day	Chronic Myacardels 4471
8. Birthplace Rock Springs Chail Co. Maryland (Townscounty, and state)	Due to.
to. Usual occupation	Due to.
12. Name Joseph Gray 13. Birthplace Maryll	Other conditions
14. Maiden name Qua Kelly	(Include pregnancy within 8 months of death) Major findings of operations.
E 15. Birthplace Harlond Co. Maryland	
t6. Informant Sandle Barrett	Antopsy results
Address 17 Burisl (Burisl, cremation, or removal, Which?) Bate thereof April 9 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Braskeien Cometary	Where did injury occur?
Location Rising Sun mdd	Injured at home, farm, industry, public place (where?)
18. Funeral director Ralph m Reed	Means of Injury Injured at work?
Address Pising Sun, md.	EPI Jacob
19 Aril 7 - 1947 Zmmnthuirm (Date reed by registrar)	23. SIGNATURE 7 M. D. or other Address Date signed 4/4/47

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APR 8 1947

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The correct age

1. PLACE OF DEATH:

How long in above place of death?.....

B.(b) Name of husband or wife ______

How long in hospital or institution? 3. (a) FULL NAME

Hospital, institution, or street address where death occurred

(If outside city or town limits, write RURAL and give nearest town)

days

Days

Date thereot

.6.(c) If alive, give age

It less than one day

4 1947

Hegistrar

Address....

(month) (day) (year)

County.....

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation... 11. Industry or business

13. Birthplace

14. Malden

16. Intermant

Address

Cemetery or crematory

(Date rec'd by registrar)

18. Funeral director

Address

(Burial, cremation, or removal, Which?)

8. AGE:

FATHER

important.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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CERTIFICAT

. Date signed 18.

2. USUAL RESIDENCE (HOME) O		
(Korgewborn infants give residence of	F DECEASED:	
State Cou City or town (1f outside city or town limits	write RURAL and give n	earest town)
Street No(Ifrural, give		
2.(a) if veteran, name war		
	3. (b) Social Securit	y Number
MEDICAL CE	ERTIFICATION 194	1 . at 12: 15 P
21. I CERTIFY that death occurred on the date abo	ove stated; that attended de	
and that f fast saw h Monallye on the	1 50 V	19.47
Immediate cause of death (Z. L	Cheshone	2 rda
Due to Hypustentición G	eneral	Unknow
Due to		***************************************
Other conditions		
(Include pregnancy within 3 a		
Major findings of operations		

Autopsy results	hich death should be charge	ed statistically.
22. VIOLENCE: It death was due to external cau	uses, till in the tollowing;	
Accident, suicide, or homicide	Date of	••••••
Where did injury occur?(City or town)		(State)
Injured at home, tarm, Industry, public place (w		
Meens of ignury	Injured at work?	

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APR 26 1947

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VS A16

MARYLAND STATE DEPARTMENT OF HEACTH

2411 N. Charles St., Baltimore (33-6)

00923

CERTIFICATE OF DEATH

Reg. Dist. No. 90

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	MA Co. Co.
City or town(If outside city or town limits, write RURAL and give nearest town)	State County
(It dutes do city or town mints write RONAL and give nearest town)	City or town
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occupred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Brisco	5. (b) Social Security Number
2/13 C) e
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Polonia Midanus	C 1 110 100 200
Joseph Long A Contract	20. DATE OF DEATH CASSIE 14 19 47, 01 900 TAL M
B.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Canal "47 "Censille "47
7. Birth date of	
deceased (mo., day, yr.) 2-/ 2 5 / /86/	
8. AGE: Years Mooths Days It less than one day	Immediate cause al death OURATION
21	Cente alatetin Theat I day
	Cut merely to
9. Birthplace (Town, county, and state)	Oue to regulate 3 day
(Town, county, and state)	000 10
10. Usual occupation labor	
	Due to
11. Industry or business Tar	
12. Kame. Jeanvis Brisco	Other conditions
13 Sirthniaco / mid	
C 13. United accounts	(Include pregnancy within 3 months of death)
14. Maiden name Conda Constanting 15. Birthplace	
S 15 Birthaloss MASI.	Major findings nl operations.
	Date of op.
16. Interment Setus Brisse Gr	Autopsy results.
Address Marwich mild	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Durial Date thereof 4/17/47	
(Buriai, cremation, or removel, Wirich?) (month) (hay) (year)	Accident, suicide, or homicide
Cemetery to eremstery & Ohen a Gun they work	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director 1- Fixely Carriets	Means of Injury Injured at work?
	0 10 40
Address 1000 me Louis	James L. Solven MV.
Charte 47 Man Hansen ND.	23. SIGNATURE
(l) te rec'd by registrar)	Address Elatin No Date signed of ()
Registrar	Audiess

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Diat. No ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infants give residence of mother)
County	Ind. bound
(If outside city or town limits, write RURAL and give nearest town)	E. ((-+
How long in above place of death? 1 1 4 1 6 6 6 6 7	City or town (If outside city or town jimita, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
u to a to a la l	(If rural, give LOCATION) [2.(a) If veteran, name war Wolld War
How long in hospital or institution? 3. (a) FULL NAME	
Samuel Voi	3.(b) Social Security Number 162-05-5-933
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
in flute Single	20. DATE DE DEATH CALLED 1947 21 7.15 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10
7. Birth date of decased (mo., day, yr.) 9-16-1894	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
52. 7 6n	
9. Birtholace Bayour Ecillo mg-	Due to Suo Militara
(Town, county, and atate)	
10. Usual occupation. Cost Tel gimes	Due to
11. Industry or business	
E 12. Name Harry W. Burns 4 J	Bither conditions
13. Birthplace 12 Leo MG	(Include pregnancy within 8 months of death)
14. Maiden name. Amy Nowland 15. Birthplace Sectl Kee Mi.	Major findings of operations.
15. Birtholace Petel Kei Mi.	Major nadings at operations. Date of op.
16. Informant & arry m Bure.	Autopsy results.
Address Ellston R. O. 4 M. A.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
4	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof April 25 194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematoryBay.ViewMethodist	Where did injury occur?
Location Bay View Md	injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph W. Frank	Meens of Injury Injured at work?
Address North Fast, Maryland	(b) Se De la Que (G) God Examiner
Of a grant of the Ocean	23 SIGNATURE County M. D. or other
19. Spr. 25 1949 da a chen	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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By Francis

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (P2)

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00925

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborninfants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 10 mun les	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert Calde	2011 3. (b) Social Security Number
4. Sgs. 5. Color or raco (δ.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF BEATH, CLASS 19 47, st 4/10/18
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above statod; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Cug. 11 19 45	and that I fast saw kalive on
8. AGE: Years Mooths Days If less than one day	Immediate cause of death
/ 7 26nin	Sufficiell 1
Tanks Hoop Rull Pa Va	Buo 16 25 titler
9. Birthplace	Dwassell.
19. Usual occupation.	Due to
11. industry or business	
12. Hame 13. Mane 13. Manual Control Control	Other conditions
13. Birthplace Voruseou Cun	(Include pregnancy within 3 months of death)
14. Maiden name UNA TRESTICION DE 15. Birthplace Pluter PCC:	Major findings of operations.
2 15. Birthplace Parties N. Caldinell.	- Date of op.
16. Informant 1	Autopsy results
Address Mylly Mu Tellum Mug	22. VIOLENCE: It death was quoto external causes, fill in the following:
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or hothicide.
Cemetery or crematory Holy Cross	Where did injury account (City or town) (County) (State)
Location Dorby Fa	Injured et bame Tarm, industry, public place (where?)
Ruch is.	Means of injural lease the injured at work?
18. Funeral director. Address Clotton Inst.	all Broken With Con Com
am 8 .47 FRFraser	23. SIGNATURE M. D. or other M. D. or other J. M. D. or other
(Daje rec'd by registrar) Registra	Address CLU 9 SULL MC Bate signed .

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APR 10 1947

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00926

Injured at work?

CERTIFICA	IE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (for newborn infants give residence of mother) State City or town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Catherine Octavia Car	Thes 3. (b) Social Security Number
4. Sex 5. Color or gace 6.(a) Single, married, widowed, or divorced Lemale White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH CELL 29 19.47 2304
B.(b) Name of husband or wife James H. Cather 7. Birth date of deceased (mo., day, yr.) January 12, 1885 8. AGE: Years Months Days If less than one day 17 hrs. min. 9. Birthplace Haltaford Harford Transcription (Town, county, and sixte) 10. Usual occupation. Harrow 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to 1947 and that I last saw h. alive on 19. Immedia: cause of death Duration Due to Due to
12. Name James Buckins 13. Birthplate Mill Green Ma 14. Maiden name Massy M Morrison 15. Birthplace Prospect Ma 16. Informant Mary 2 1949	Other conditions
17. (Burial, cremation, or removal. Which?) Cemetery or exemptory Location Part 10e/posit May (year)	Accident, suicide, or homicide

Meens of Injur

23 SIGNATURE

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. Funeral director Address

MAY 3 1947

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

40	00927
Reg.	Dist. No

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
PS S	County		2
å.	City or town (if outside city or town limits, write RURAL NEAR and give town)	State Delawork County New Catt	<i>د</i>
lly.	Street address, hospital, or institution:	City or town (If outside city or town mits, write RURAL NEAR and give t	1 No
arefully legibly.	union Hospital	Street No. 114. Ls. 3 & th St Wilm &	lel
cal i le	Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	1
and c	Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
on should carefully clearly and legibly.	3. (a) FULL NAME Mary E. Clark	3. (b) Social Security N	umber
information of death cle	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
ormati	F1 1.0 1.0	A-4:1 (- 17	5-40
of d	. Whi willowed	2D. DATE OF DEATH April 6 1947	at D. M.
y item of inf the causes of	6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from
aus	years	Van 7 1947, 10 April 6	194
item ie cai	7. Birth date of deceased (mo., day, yr.) November 29 1859	and that I last saw h ev allre on april 6	19_4
Every write th	8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
Ever	77 4 6		
0	EDIL MI	theart Failure	4-1
INK. please	9. Birthplace (Town, county, and state)	Due to Brachia - preumoria	1-I
0.0	10. Usual occupation at Nome		
UNFADING Physicians:	11. Industry or business	Due to	
Sic	MI Ma lala ad		-77
Phy	12. Name Teach 13. Birthplace Eleton Mid	Other conditions Tree and of might fearure	Van. 15
5.		Cothological fracture 1 at horre, cution	
H	14. Maiden name American Bryson 15. Birthplace Chelon Md.	Major findings:	PHYSICIAN
WITH	E 15. Birthplace Claston Md.	Of operations	Please underline the cause to which
imi V	16. Informant James M. Clark		death should be charged statisti-
LY	Address 12-16 Courant Sa Wilm Del	Of autopsy	cally.
PLAINLY, WITH tespecially important.	0 .0	22. VIOLENCE: If death was due to external causes, fill in the following;	
LA	(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
E e E	Cemetery or crematory Felicon	Where did Injury occur?	
I'T	Elle Ind	(City or town) (County)	(State)
WRITE 1 rect age is	Location	Injured at home, farm, industry, public place (where?)	
SE WRIT	18. Funeral director Aut plans	Means of Injury Injured at work?	
4	Address Elklow, md	On the a Klindson of	40
PLE.	Mana a 12 FR to a	23. SIGNATURE M. D.Vo	rother
Ъ	(Date rec'd by registrar)	Address Elkty harflud Date signer	tril6,47
		Town of the state	

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

CERTIFICATE OF DEATH

Reg. Dist. No..

11-9		
X	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County	State Lell - county Mes Castle
	(If outside city or town limits, write RURAL and give feerest town)	City or town Wilming ton
	How long in above place of death? 3. Death State Hospital Institution or street address where death occurred: 7. P. J.	(If outside city or town limits write RURAL and give nearest twn)
	Elmon Hoop-elal Excellented	Street No. (If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
=	3. (a) FULL NAME	3. (b) Social Security Number
	. Verbriegeer leve	traine 238-20-9072
	4. Ser) 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
-	m. Tuna octique.	2D. DATE OF DEATH. 4 194 / 20
	6.(b) Name of husband or wife 5 mgle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	S (e) If alive give age years	
	7. Birth date of deceased (mo., day, yr.) for 26 1923	and that I last saw h19
=	8. AGE: Years Months Days If less than one day	Immodute cause of death DURATION DURATION
	24 2 21hrsmin.	Fractured skull
	9. Birtholace Williamston North Caroli	Due to last.
	RR Telegraffe Operation	
	1D. Usual occupation	Due to
-	11. Industry or business	
	12. Name y Deolhalle 13. Birthplace North Ecohua	Other conditions
		(Include pregnancy within 3 months of death)
	14. Malden name 200 reformation	Major findings of operations.
	2 15. Birthplace North Carolina	Date of op.
	16. Informant Mis Malare States	Antopsy results
	Address Musphy load Williams as &	22. VIOLENCE: If death was due to external causes, fill in the fellowing:
	17. (Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide Communication Date of Hamiltonia
	Cemetery or crematory Williamston n. C.	Where did injury occur? (City or town) (County) (State)
	1:01. + 200	Injured at home, farm, industry mubilic place (where?) A Cruth
	Location Williams In	Means of Injural Collows belo Injured at work? Medica. Examine
	18. Funeral director.	(1) (1)
	Address Elkton, md	23. SIGNATURE CONTROL RELIEF CECIL COUNTY
	10 cepril 14 1947 IKInger	1 (18 M. D. or. other 13 47
	(Date rec'd by registrar) (Begistrar	Address Date signed

APR 16 1947 BUREAU 6

00929

CERTIFICATE OF DEATH

Reg.	Diat.	No.	

	2411 N. Charles St., Baltimore 92.4	
	CERTIFICATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: County	(For newborn infants State	(HOME) OF DECEASED: give residence of mother) County County County (if rural, give LOCATION)
3. (a) FULL NAME Nory	. Dorsey.	3. (b) Social Security Number 2/7-07-3886
hole Cot wife 6.(b) Name of husband or wife	solow 20. DATE OF DEATH.	allye on Opril 23 1847.
H I I I I I I I I I I I I I I I I I I I	Due to	once Sudocardits 540s
Address Address Address 17. County (Burial, accountion, or remove). Which the county (Burial, accounting, or remove). Which the county (Burial, accounting, or remove). Which the county (Burial, accounting, or remove).	Aatopsy results PHYSICIAN: Please underling and the physician p	ne the cause to which death should be charged statistically. s due to external causes, fill in the following: Date of (City or town) (County) (State)
Location 18. Funeral director Address Oarlungton Space of the project of the p	Injured at home, farm, industry Meens of Injury 23. SIGNATURE	injured at work? Injured at work? M. D. or other M. D. or other M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

MAY 8 1947

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Reg.	Diat.	No.	

ect age		es St., Baltimore (BCE) FE OF DEATH Reg. Diat. No.
ormation carefully. The corredeath clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
lon	How long in hospital or institution?	2.(a) If veteran, name war
information of death cle	3. (a) FULL NAME forth a. Da	3. (b) Social Security Number
	male S. Coior or race S. (a) Sigle, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
M PE	6.(b) Reme of husband or wife South Durks 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
For the last of th	7. Birth dafe of deceased (mo., day, yr.) Held 14. 1865 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
RESERVED FINK. Suprians: please	9. Birthplace	Due to. Flatestel.
00	1D. Usual occupation	Due to
A Fr.	12. Name	Other conditions
MITH UNI	14. Maiden name. Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations
	18. Informant Howard Durham	Antopsy results
PLAINLY, is especially	Address Many & an Ind, 17. Barral Date thereof Opini 9 1947. (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
WRITE P	Cemetery or crematory Brookver	Where dld injury occur?
6	18. Funeral director. A. S. Jyson	Msens of injury Injured at work?
John Als	Address Rubing Sun, md, 19. Ubril 1947 Zmmolling glas 19. Water people of registers - 7 - 4 - 7 mg of the people of registers - 7 - 4 - 7 mg of the people	23. SIGNATURE TST Dycass M. D. or other M. D. or other Date signed #16/5.7

APR 9 1947

CERTIFICATE OF DEATH

	ATE OF DEATH Reg. Dist. No.
CERTIFICA	AIE OF DEATH Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather) Stale
How long in hospital or institution?	
3. (a) FULL NAME John 4. Sex 5. Color or yellow 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
M. Wh. Married	20. DATE DE DEATH Office 14 19 67, at 2
8.(b) Name of husband or wife Mary B. Gonce	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. ACE: Years Months Days if less than one day	and that I last saw h limited on Durat Durat Durat
o. Aug.	min. Clarte Digital 200
9. Birthplace	Due to Chronic Lyparium Carbinal 1540
11. Industry or business	Due to
12. Name John B. Storce 13. Birthplace worwick Ind	Other conditions distributes melliture 10 4
14. Maiden name. Sarah alvich. 15. Birthplace Gloscow Del	(Include pregnancy within 3 months af death) Major findings al operations.
∑ 15. Birthplace Thecow	Dale of op.
16. Informant many Home	Antopsy resolts
Address Elkton md	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Claton Mid	Where did injury occur? (City or town) (Connty) (State) Injured at home, tarm, industry, public place (where?)
Alla Pibin	Meane of injury Injured at work?
Addrese Elkton Ind	23. SIGNATURE A Dono Mu
19 Ceptil 16 1947 FK Frazer (Dafe ree'd by registrar)	Cho of host me M. D. or ather

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APR 18 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 314

CERTIFICATE OF DEATH

111932 Piat. No. 94.

	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State md County Cecil
City or town. (If outside city or town limits, write RURAL and give nearest town)	00-1-
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Louise yone	e none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH (1947, at 4:357)
Day 1 5 1 Care	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	march 18, 1947 papil 6 1945
7. Birth date of	and that I last saw h. 4 alive on Cart 5 19 7
deceased (mo., day, yr.) March 1 1910	Immediaic cause of death
8. AGE: Years Months Days if less than one day	Chr Parenchinations regulate 3 40
37 / 26hrsmin.	autic Orlengferen 2 you
9. Birthplace North East Cail G. ml -	Due to.
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Orthography 13. Birthplace	Dither conditions
I 13. Birthplace md	(Include pregnancy within 3 months of death)
# 14. Malden name Mary Oding Mc Kning	(Include pregnancy within 3 months of death)
14. Malden name Mary adin Mc Knowy 15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant YV	Autopsy results.
Address Charleston Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. A 0 24 G 4 9 19 47	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial cremation, or removal. Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Matheralish Canadage	Where did injury occur?
Location Novel End md	Injured at home, farm, industry, public place (where?)
0 0 0 0 0	Meens of Injury Injured at work?
18. Funeral director.	
Address York hd.	23. SIGNATURE Street & Softman
aker 9 10 47 Tran Della	M. D. or other
13	I was a stand the later of

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CERTIFICATE OF DEATH Reg. Dist. No			
1. PLACE OF DEATH . /	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Lead	(For newborn infanig give residence of mother)		
1. 1 11 14 11 1	State MA County Muse		
City or town	give nearest town)		
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest towo)		
Hospital, institution, or street address where dead occurred:	Pht. Street No.		
kniew Hospital Cl	(If rural, give LOCATION)		
How long in hospital or institution? 2 days	2.(u) If veteran, name war		
3. (a) FULL NAME Of 7.	Sachett 3. (b) Social Security Number 218-20-65		
4. Sex 5. Color or race 6.(a) Single, married, wi			
has a Ball a	MEDICAL CLASSIC		
May coloud many	20. DATE DE DEATH OSUL 14 19.47 21 7 =		
Real	Hackel 21. I CERTIFY that death occurred on the date above stated; that I attended daceased from		
6.(b) Name of husband or wife.	0 4 4 01 01 14		
	re ageyears		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) RACE - Years Months Bays If less th	Immediate cause of death. Out of DURAT		
8. AGE: Years Months Days If less th	Comparsation + feilure		
66	hrs		
Halena Kent	ma. Supply tensing Carlio 24		
9. Birthplace (Town, county, and state)	- adles . Que diagnas		
19. Usual occupation Raming			
13. USUZI USCUPATION	Due to.		
11. Industry or business	beth was considered		
12. Name UNITARY / Tac	Dther conditions Sensetty		
12. Name			
St. Carrier & Chil	(Include pregnancy within 3 months of death)		
14. Maiden name.	Major findings of operations.		
15. Birthplace /////	Date of op.		
former of h	acket Autopay results.		
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address falence 11	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Buriel Bate thereof age	lest 11,174		
(Buriai, cremation, or removed, White?) (m	anth) (day) (year) Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
1. Making M	Injured at home, farm, industry, public place (where?)		
Location Millian programme and a second progr			
18. Funeral director. 6 dward Tell	Means of injury Injured at work?		
milles	ned -1 .		
Address // Williamy Can	23 SIGNATURE Readore & taprocer /		
(karil 16 1/2 #18.	J. J. J. J. M. D. or other		
(Dita roa'd by regretrer)	Recistrer Address Jolena / Will Bate signed -		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore May

CERTIFICATE OF DEATH

00934

Reg. Diat.	No. 97

	/			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Elphon 2nd	State Maryland county & Tent-			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	(if outside city or town limits/write RURAL and give nearest town)			
Union Hosp. gdays	Street No.			
How long in hospital or institution?	(If rural, givo LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
JOHN E. HESSA	Ver			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
m It morried	20. DATE DF DEATH Opril 23 1947, at 1125 PM			
6.(b) Name of husband or wife freshtisen Hessiner	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from			
e (a) If allow also are	Jan 29 1947, 10 Opr 23 1947			
7. Birth date of	Institut I last saw h. Annualive on april 23 1947			
deceased (mo., day, yr.) here 25 /884	Immediate cause of death			
8. AGE: Years Months Days If less than one day	Bronchohneumnia 3 days			
6 7 2 3/hrsmin.				
9. Birthplace Termodyville and	Due to Dulmanay embolis 7 days			
(Town, county, and state)				
1D. Usual occupation.	Que to Urenia 3 dans			
11. Industry or business				
12 Name Charles arrow Hesser	Biter conditions Throughpullelites 3/2/home			
13. Birthpiace Lennany	of Remarks O are said			
E C. + L. C.	(include pregnancy within 8 months of death)			
15. Birthplace Lermany	Major findings of operations			
E 15. Birthplace Lasmany	Bate of op.			
16. Informant Lucration Hessell	Autopsy results.			
11 1. 10 1	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.			
Address serredywill and	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Lalena	Where did injury occur?			
Lemetery or crematory.	Where did injury occur?			
Location Lacenta Ind	Injured at home, farm, Industry, public place (where?)			
18. Funeral director. BN Crellons	Means of Injury Injured at work?			
Address Still Fond rud I o Hand live				
23. SIGHASURE				
sepret 75 1947 Il Trazer	120 M. D. or other			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Diat. No .. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Couoty..... limits write RURAL and give nearest town (If outside city or town (If outside city or town limits, Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 214-03-0823 4. Ser MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: 6 (Town, county, and etate) 18. Usoat occupation 11. Indostry or business 13. Birthplace (Include pregnancy within 3 months of death) 15. Birthotace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: II dealh was due to external causes, till in the following; Accident, suicide, or homicide..... (Burlat, cremation, or removal_Which? Where did Injury occur? (City or town) (State) (County) injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 18. Funeral director Address (Date rec'd by registrar) Registrar

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VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 170-

00936

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborninfants give residence of mother) State
City or town	Was The gest
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Warie Keno	Sall, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr. Hute Single	20, DATE OF DEATH COINT 6 1947 21 12 40 M
6.(b) Name of husband or wife	21 I CERTIEY that death accurred on the date above stated: that I attended deceased from
B.(c) If alive, give age year	. 19
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
9. Birthplace Elblin Cecil Co Vnd (Town, county, and state)	Bue to Aso fres Mal Cone-
10. Usual occupation	Bue to
11. Industry or business	
12. Name Still Cand Md	Other conditions
14. Maiden name alice Mary Kendall	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Wilmington, Del	Oate of op.
16. Informant During of Sundall	Autopsy results
Address north East, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 10 1011	22. VIOLENCE: If death was dup to external causes, fill in the following:
Bate thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Election Calholic	Where did injury quoted (City or town) (County) (State)
Location Elplin Mo	Injured at home, farm, industry nublic place (where?)
18. Funeral director Joseph - R. Frank	Mean of will Ville Injured at work?
Address horely Eggs, high	- 23. SIGNATURE CONTROLLED CONTRO
19 (Date rec'd by registrar) Registrar	BISINGX LING M. D. or other

APR 10 1947

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2411 N. Charles St., Baltimore Bal

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Cecil	(For newborn infants give residence of mother)
A 1) 1 1	State Maryland County Cecil
ity or town	
2 2	City or town (If outside city or town limits, write RURAL and give nearest town)
w long in above place of death?spltal, institution, or street address where death occurred:	
Spiral, institution, or street address where death occurred.	Street No. S. Qued Street
	(If rural, give LOCATION)
ow long in hospital or institution?	
. (a) FULL NAME	3. (b) Social Security Number
RO. I	none
Clarissa Jane 1.	ing
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
- ande white his	16.10
-many warmed	20. DATE OF DEATH 12 5:00
Westeld Kink	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
) Name of husband or wife	march 30, 1947 10 / 1940 9 195
	The state of the s
Birth date of	and that I last saw h = alive on Ab 19.5
leceased (mo., day, yr.)	Immediate cause of death MYACO TO LIS DURATIO
AGE: Years Months Days If less than one day	Chronic - E Poronacy
95 10 5hrs.	min \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11 1 100 0 100 1	
Birthplace Harrisville and County, Md	Due to Typentin 5 - 20
(Town, county, and state)	Condio Naseula - disease
Usual occupation	
However !	Due to.
Industry or business	
12. Hame Isaac R. Taylor	Other conditions
	Other value of the state of the
13. Birthplace Many	(Include pregnancy within 3 months of death)
14. Maiden name Lay Marland 15. Birthplace Charles Counts, Ba.	
Alt + A > 0	Major findings of operations.
15. Birthpiace Charles County, Oa.	Date of op.
Informant Mande K. Belle	Autopsy results.
Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rising Sund. md.	
Q 1 1 10 Kg	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	where did injury occur?
Narrisville ma.	Injured at home, farm, Industry, public place (where?)
Location	
Funeral director Salah M. Feed	Meens of Injury Injured at work?
and mad	17/11
Address Pising Sun Ma	1 as account / // (roland h. M
si'd un de marthinia	23. SIGNATURE M. D. or other
wants 1 1941 V pour 1 104 1000 Car	1 X - 1- 2 Ben & ml 440-4

f age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 14 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
4. Sex 5. Color or race 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Themsel white manual 6. (b) Name of husband or wife. Suther me Cardell 7. Birth date of deceased (mo., day, yr.) Oet. 29, 18 79 8. AGE: Years Months Days If less than one day 6. 7 5 17 hrs. min. 8. Birthplace. Roulandulle, Clail Co. md. (Town, county, and state) 10. Usual occupation.	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. 3. 4. M. 24. 25. 26. 27. 28. 29. 29. 29. 29. 29. 29. 29. 29. 29. 29
12. Name Service Smith 13. Birthplace Unbown. 14. Maiden name Charlotte Barrett 15. Birthplace Unbown. 16. Informani Sutter mcCardell Address Rowlandille, Md. R. H. D. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Harmony Chaple. Location Rowlandille. Md. 18. Funeral director L. E. Jyson Address Rusing San Md. 19. Date forc'd, by registrar)	Dither conditions

APR 18 1947

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Evid	ence	for	ad	dition	of
date	of b	uria	1	shown	on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 240

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17		0		A	r

FILM No.	G	110 JUN	13	1947	CERTIFICATE	OF	DEATH
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CB	01
Reg. Dist.	No. 74

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give pearest town)	State County A County
How long in above place of death? 3 Ltaga Elorura	City or town (II outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Lee mills	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In With solling	MEDICAL CERTIFICATION
My man muney	20. DATE DE DEATH CYCLL 0 1947, 213:434 N
6.(b) Name of husband or wife. anna c mills	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6/-	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) New 3 / 8 8	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	coule boroncey
58 7 hrsmin.	Throndo
9. Birtholace Consoda Min	Due to.
(Town, county, and state)	
1D. Usual occupation. Ship. Vaulatu	Due to
11. Industry or business	
E 12 Name Wm mills	Dither conditions
12. Name. Wm Mills 13. Birtholace Zunhmann	
N.	(Include pregnancy within 3 months of death)
14. Malden name Linknow	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant anna c. Mills Pa	Autopsy results.
Address 202 Stales ave Collinadale	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Danies Av a volume ave a conquete	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Danka Po	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director to sepen or Frank	Means of Injury Injured all work?
Address worth Cash. Wid	11.10 bond on 11160
1 1 1	23 TO STURE COUNTY
19. 4 - 19 4 7 Saa & Owens (Date reckl by registrar) Registrar	Mesugsund wilk-4)
(Date reold by registrar) Registrar	Appress

APR 10 1947

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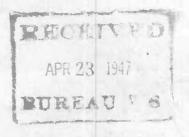
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5

CERTIFICATE OF DEATH

00940

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Marshard County Cheil
City or town	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
II	(If rural, give LOCATION) 2.(a) It veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME Emily Elizabeth	Moore 3. (b) Social Security Number
4. Sez 5. Color or race 6.(a)Sings, married, wid wed, or divorced	MEDICAL CERTIFICATION
Temale white Single	20, DATE OF DEATH April 18 19.47, 21 703 A M
8.(b) Name of husband or wife	21. I CERTIFY thandeath occurred on the date above stated; that I attended decessed from
	// such 3 10 47, 10 April 18 10 47
7. Birth date of deceased (mo. day vr.) Quality 12 / F F 7	and that f last saw h A alive on 18 47
8. AGE: Years Months Days If less than one day	Immediai- cause of deathOURATION
59 8 6nrsmin.	the transfer of the transfer o
Matter 1 Cincomal	matatras.
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation eacher	Due to
11. Industry or business	
E 12. Name John L. Moore	Other conditions
₹ 13. Birthplace . mary land	(Include pregnancy within 3 months of death)
# 14. Maiden name May W. Williams	
14. Maiden name May Williams 15. Birthpiace Trappe Md	Major findings of operations. Date of op.
16. Informant J. Edw. 1Davis	Autopsy results.
Address north East Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 1 1 1 1 1 7	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burlal, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Melhodish	Where did Injury occur?
Location north East mad	Injured at home, tarm, industry, public place (where?)
Legisla R Elinia	Meens of injury Injured at work?
1 116	f POINT 12 to
Address from Cach from	23. SIGNATURE.
19. Const 30 19 47 Ada Villeur (Dak rec'd by registrar) Registrar	Address 233 E. Min ST, Elating bate signed for 191947



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tanada Tanada II	State Mat May County Class
Cily or town	City or laws Trumerfrio Furnace
How long in above place of death? 30 yyro.	(If outside city or town limits, write RURAL and givn nearest town)
Hospital, Institution, or street address where death 6ccurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
G. Clarold,	Wens.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH Chil 5 19 47, 21 7,10 M
6.(b) Name of husband or wile. Villie M. Owens	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
6.(c) If alive, give ageyear.	and that I last saw h issociate on pull 5
7. Birth date of deceased (mo., day, yr.) Afr. 8: 1887	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	menona & hever 1 m
30/a 1/1 28hrsmin.	
9. Birthplace Marles Town, county, and state)	Due to
10. Usual occupation (LLLLS)	
11. Industry or business . General, Store.	Due to
	Other conditions Carbiac actions 2 yr
12. Name Edwin Churys 13. Birthplace Levil Co. Ma.	
	(Include pregnancy within 3 months of death)
14. Malden name Sense White	Major findings of operations
21 15. Birthplace	Date of op
18. informant	Antopsy results
Address Trullpur Furnale, MA	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burist, cremation, or removal, Which?) Date thereof Attuation (month) (day) (year)	Accident, suicide, or homicide
Phialelain	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location	Means of Injury Injury Injured at work?
18. Funeral director Land Carles On Carles	0 5 00
Address Perryville, Md.	2d. SIGNATURE X . T. Magnaco
Jamil 7 47 Vrene E Danak	28. SIGNATURE M. D. OF OTHER
19	Taddress Enryalle Ma Date signed II I

APR 9 1947

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-1

CERTIFICATE OF DEATH

00942 Reg. Dist. No.

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Cec	L.L.	Cecil Co Md	State Maryland County Cocil	
(1	If antside city or town li	l Cecil Co., Md. mits, write RURAL and give nearest town)		
How long In above ala	ace of death?	15 years	City or town Cherry Hill (If outside city or town limits, write RURAL and give nearest	town)
Hospital, institution,	or streel address where	death occurred:	Street No.	
			(If rural, give LOCATION)	
How long In hospital	or Institution?		2.(a) If veteran, name war	***************************************
3. (a) FULL NA	ME		2 (b) Social Social Social November November November 1	
0.(0)		John Henry Peterson		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	none	
			MEDICAL CERTIFICATION	~
Male	White	Married	2D. DATE OF DEATH CARL 4 19.47 , 21	7a. m
	Table	cy Orena Peterson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
6.(6) Name of husbar	nd or wile	กจ	19 35 to apr. 4	19 4 7
7. Birth date of			and that I last saw have alive on Chart 3	19×7
deceased (mo., da	y, yr.) Septe:	mber 21 1872	Immediate cause of death	DUBATION
8. AGE: Ye	Months Months	Days If less than one day		8 hom
1	9 6	15hrsmin.		F
0	heganeake	City, Cecil Co., Ma	Charit E docati	*****
9. 8irthplace	(Town,	county, and state)	Due to	
4B Houst committee	Farm	er		
			Due to.	***************************************
11. Industry or busin	Tenemieh	M. Peterson		
置 12. Name	***************************************		Dther conditions	
13. Birthpiace	DALM: TE	IIDI I	(Include pregnancy within 3 months of death)	
14. Maiden nam	. Matilda	Bateman		
14. Maiden nam	Delawar	e City, Delaware	Major findings of operations	
	3	0 110-1	Date of op.	
16. Informant	Mrago		Autopsy results	iatica Ny
Address	Elkton	Route 5, Md		
. Buri	al	Poto therest April 7.194	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremati	al ion, or removal. Which?	Date thereof. April 7, 194' (month) (day) (year)	Accident, suicide, or homicide	• • • • • • • • • • • • • • • • • • • •
Cemetery or crem	atory Bethe	1	Where did injury occur?	state)
0		City Rural Md	Injured at home, farm, industry, public place (where?)	***************************************
Location	A	RU	Meons of Injury Injured at work?	
18. Funeral director		Ul draw	6/	
Address	(North	East, Maryland	the la chilin had).
1.	8 - 1-	707	23. SIGNATURE M. D. or o	ther
19. Sepre	Y 7 19 4	Registrar	Address / Gekton had note signed 4	15/47

APR 10 :947

CERTIFICA	TE OF DEATH Reg. Dist. No. 92
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war
3.(a) FULL NAME Many C. Sanner.	3. (b) Social Security Number
4. Sex 5. Color dyrace 6.(α) Single, married, widowed, or divorced Wh. Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH OF LIGHT 1947 at 7 P. 1
S.(b) Name of husband or wife S.(c) If alive, give age yea 7. Birth date of	21. I CERTIFY I hat death occurred on the date above stated; that t attended deceased from 1975 to 47 19 47 and that t last saw handlive on 47 19 47
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 / /	Due to Coding Co
10. Usuat occupation	Due 10.
12. Name Land Land Land Land Land Land Land Land	Other conditions
18. Informan Bessie Patter	Antapsy results
Address 17 Date thereol. (month) (day) (year)	22, VtOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Clarification and Location Electron and Comments and Comment	Injured at home, farm, industry, public place (where?)
18. Funeral director. Hulppan Address Clkton, Mrd. 19. Cpril 77 19. 47. FRJ. Lagar (Date ree'd by registrar) Registrar	23. SIGNATURE Zekion Tod Date signed 1/21/4/2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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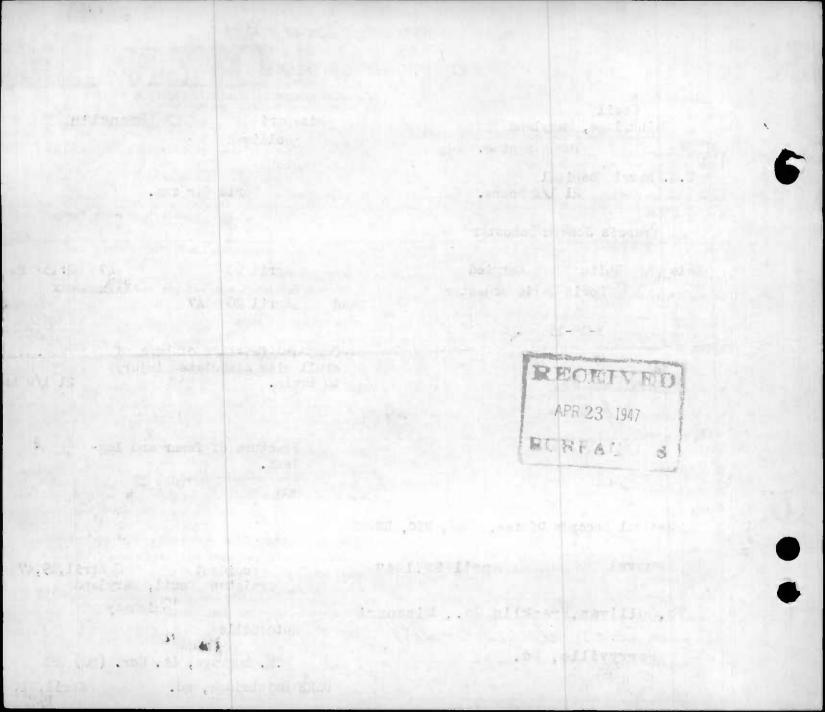
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (700)

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Missouri County Frankl:	In
City or town BAIT	bridge. Mi	aryland 'mits, write RURAL and give nearest town)		
low long in above place	of death? Th	ree months.	City or town Sullivan (If outside city or town limits, write RURAL and give near	rest town)
lospital, institution, or U.S. Ne	street address where (death occurred:	Street No	
U.D. Na	Var Tosbr	1/2 hours.	(If rural, give LOCATION) 2.(a) It veteran, name war. World War two.	/
3. (a) FULL NAME		ph Schuster	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE DF DEATH April 20	
6.(b) Name of husband	or wife Doris	Marie Schuster	21. I CERTIFY that death occurred on the date above stated; that Folding Gece	
			Dead April 20 167 to	
7. Birth date ot deceased (mo., day, yr	3-28-	15	and that I last saw halive on	
8. AGE: Years	Months	Days If less than one day	Compound fracture of base of	DURATION
32		22hrsm	skull with associated injury	
	10 - 20		Due to brain.	21 1/2
9. Birthplaced. Aug	(Town,	County, and state)	Bue to	in i
1D. Usual occupation	U.S. Nac	ry.	Bue to	
11. Industry or business			900 10	
当 12 Name			Ditter conditions Fracture of femur and leg-	
13. Birthplace			1014	
e			(Include pregnancy within 3 months of death)	Maria de la compansión
			Major findings of operations	
15. Birthplace			Date of op.	
16. Informant Medi	cal Record	s Office, USNH, NTC, I	PHYSICIAN: Please underline the cause to which death should be charged	atatistically
Address				statisticany.
Remo	oval	Date thereof April 22 194	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Accident Date of Api	11.19.4
(Burial, cremation,			Where did injury occur? Craigton Cecil, Marylan	nd
Cemetery or cremator	у		···· (City or town) (County)	(State)
			Ur Gjured at home, tarm, industry, public place (where?) Highway	
18 Funeral director	ena.	Patterson & Lon	Means of injury Automobile Injured at work?	
	rryville		William .	
Address I e	TIAATTIC	0 0	3. SIGNATURE R.M. Mugrage, Lt. Cdr. (M	USN or other
19. aport	22 19 47	Drive E. Daugh	Address USNH Bainbridge, Md. Date signed.	
(Date rec'd by reg	istraf)	Ortegistr	Address	197

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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4720

CERTIFICATE OF DEATH

Reg. Dist. No	92
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CERTIFICA	TE OF DEATH	Reg. Dist. No	7
1. PLACE OF DEATH: C ecil	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State.	C) OF DECEASED:)
City or town	City or town north &	imits, write RURAL and give	nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, 2.(a) if veteran, name war.	give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME John William	Stack	3. (b) Social Securit 251-14	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male white married	20. DATE OF DEATH	April 1947	7 .1 1:50 Am
6, (b) Name of husband or wife Liggie Stack 3	21. I CERTIFY that death occurred on the dat	e above stated; that f attended do	
7. Birth date of	and that f last eaw h.f. alive on		
deceased (mo., day, yr.) Sept 2 8 190 4	Immediate cause of death	/	DURATION
8. AGE: Years Months Days If less than one day 42 6hrshrs.	Pulmonary		12 hour
9. Birthplace	Que to Coronary D.	celusien	18hours
10. Usual occupation Station Cagent 11. Industry or businese B + (9. Railroad	Due to Carcinoma	primary	4 years
12. Name Stock	· Other conditions		
= 13. Birthplace / Party E. Rile.	(Include pregnancy with	in 8 months of death)	
14. Malden name Mary E. Riles 15. Birthplace No line	Major findings of operations		
16. Informant South		***************************************	
Address North task Rural my	PHYSICIAN: Please underline the cause		ed statistically.
(Burial, cremation, or removal, Which?) Date thereof Carril 13-/9 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide		•••••••••••••••••••••••••••••••••••••••
Cemetery or crematory.	Where did injury occur?(City or to		(State)
Location Otter, Clay Co West Va-	Injured at home, farm, industry, public place		•••••
18. Funeral director. Joseph Trans	Means of Injury	Injured at work?	
Address North East Md.	23. SIGNATURE /Slaus	H / fuelner /	H.D.
19 (Charles of the registrar) 19 47 Thomas Registra	Address North East	44 /	ed /2 April 47

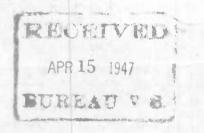
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The colis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

(Date rec'd by registrar)

SA

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107)

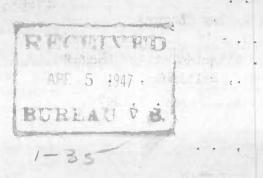
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00946

CERTIFICATE OF DEATH

Reg. Dist. No. 960

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil Morriand	State Maryland County Baltimore
City or town	Politimore
How long in above place of death? Less than 1 day	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 742 Weasche Street
Veterans Administration Hospital, Perry Point, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
THOMAS, Theodore	Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Married	20. DATE OF DEATH April 2 1947 , at 4:40 P.M
6.(b) Name of h/s\$2/d/o/wife Mildred Milton Thomas	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19.47 to April 2 19.47
7. Birth date of	and that t last saw h im alive on April 2 19 47
deceased (mo., day, yr.) October 16, 1924	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pneumonia, lobular 4_5 days
22 5 16min.	
9. Birthplace Union, S.C. (Town, county, and state)	Due to
10. Usual occupation	Oue to
11. Industry or business	
12. Name Edward Thomas 13. Birtholace Union, S.C.	Other conditions
	Hepatitis, acute, cause unknown Unknown
14. Malden name Alberta Talley Thomas	(Include pregnancy within 3 months of death)
14. Malden name Alberta Talley Thomas 15. Birthplace Union, S.C. Mother Mrs. Alberta Talley Thomas	Major findings of operations.
21 15. Birthplace	Some on a home
16. Informant Protects Priss Albert of Latter Library	Antopsy results. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 742 Weasche St., Baltimore, Md.	
(Burial, cremation, or removal. Which?) Date thereof. Apr. 3,1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Winston_Salem, N.C.	Injured at home, farm, Industry, public place (where?)
Man 11 Od Million & Barres	Means of injury —— Injured at work?
18. Funeral director AND A Q Million & Bruco	1018 1 1 1 110 Comme
Address 322 N. Schroeder Street, Baltimore, Mo	era SIGNATURE COLORIZATIONE
orasonel 3 1047 Jrene Ellowater	R. C. DODSON, M.D., Coroner M.D. or other
(1) te rec'd by registrar)	Address Rising Sun, Maryland Date signed 4-2-47



CERTIFICATE OF DEATH

			00
Reg.	Diat.	No.	7.0

90	2411 N. Charle	ea St., Baltimore (334)
ect a	CERTIFICAT	TE OF DEATH Rog. Dist. No. 90
y. The correct d legibly.	County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town)
ion carefully.	How long in above place of death?	Street No
on	How long in hospital or institution?	2.(a) If veteran, name war.
information of death cle	3. (a) FULL NAME Charles It Willie	3.(b) Social Security Number
of	Male While Maried Maried	MEDICAL CERTIFICATION 20. DATE OF DEATH April 2 3 1947, 21 7 9
ry item the caus	8.(6) Name of husband or wife. Mulus. Williams 8.(c) If alive, give age. 4.4	21. I CERTIFY that death occurred on the date above stated; that I atlended decessed from
ly eve write	7. Birth date of deceased (mo., day, yr.) 1890	Immediate cause of death Contains DURATION
Supp	8. AGE: Years Months Days If less than one daymin.	Securposation 10 Miss
ADING INK, Supply every it Physicians: please write the	9. Birthplace (Town, county, and state)	Due ta
)ING	10. Usual occupation	Due to
Tr.	12. Name	Diher conditions gen dit. Allerons. (2) Chr alcentre colitis 10 yrs
VITH UNI important.	14. Maiden name. Annie Collins. 15. Birthplace Milawail	(Include pregnancy within 3 months of death) Major findings of operations.
WITH y impor	They and My VI's	Autopsy results.
LAINLY	Address Gural Carleville Mfd.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
PLAINL is especia	(Burial, cremation, or removal (W))ch?) (Burial, cremation, or removal (W))ch?) (month) (day) (year)	Accident, suicide, or homicide
RITE	Cemelery or crematory Collifor 200	Where did injury occur?
SE WR	18. Funeral director. Co. Gulland Fullowy	Means of Injury lojured at work?
PLEAS	18 Cator 26 1347 Mis Hars Cd. W. Chery	23. SIGRATURE Seeders & Topics (40) M. D. or other May Bate stoned 425/47

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